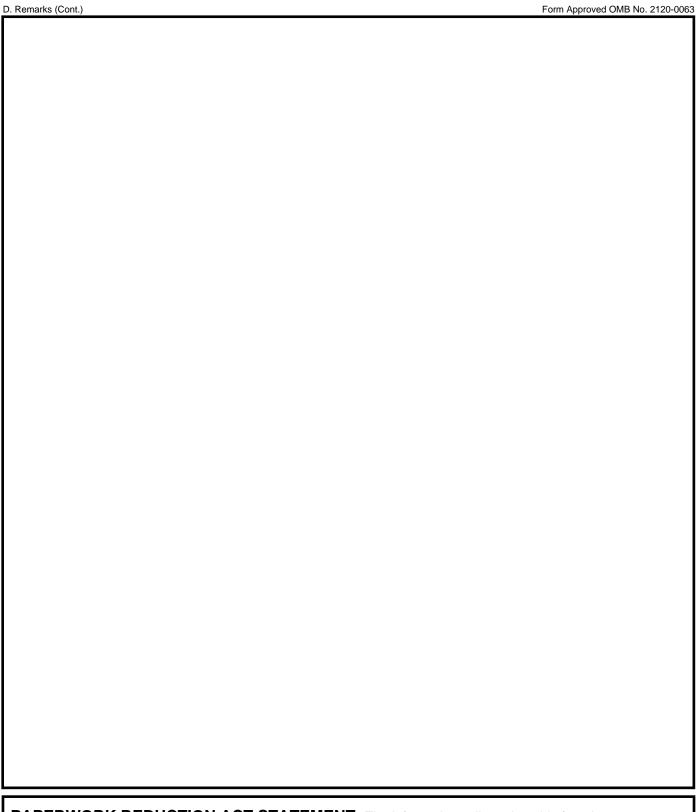
Form Approved OMB No. 2120-0063

A			ΔPPI I	CATION	I FOR C	ERTIFICA [*]	TF		FAA USE ONLY	
☐ AIRPORT OPERATING CEF						_	Site Number			
U.S. Department of Transportation Federal Aviation Administration LIMITED AIRPORT OPERATING CERTIFICATE										
Complete all sections of the form as indicated. Submit original and three copies of the form and two copies of the Airport Certification Manual or										
Airport Certification Specifications to the headquarters of the appropriate FAA Regional Office.										
Type of Submission (Check one) FOR Type of Airport (Check all applicable)										
Original Amendment Exemption					Airport Heliport Stolport Seaplane Base					
A. Location of Airport										
1. Name of Airport						2. Address (Number, Street, P.O. Box)				
3. City			4. County 5. State			6. Zip Code				
6a. Latitude 6b. Longitude						7. Airport is				
°	Ι	a. State Licensed Yes No b. State Inspected Yes No								
					D. Sta	ite Inspected	res	□ NO		
B. Operated By							12	Joint Use Airpo	ort is	
1. Municipality State Military										
Corporation County Other (explain)					☐ Mil/Civ Joint Use					
Port Authority FAA Civ/Mil Joint Use 3. Name of Owner 4. Name of Manager/Operator									——————————————————————————————————————	
Number/Street/P.O. Box					Number/Street/P.O. Box					
City	County		State Zip		City	City County			State Zip	
C. Operative Date										
Firefighting Equipment (Check Current Index)						ly Equipped for	I FIR Opera	ation (Check O	ne)	
□A □B □C □D □E					`	∕es ☐ No				
3. Air Carriers Currently Served (TWA, UAL, etc.)										
4. Air Carrier Aircraft Currently Served (727, DC-9, etc.)										
D. Remarks Check here and use reverse side of this sheet.										
E. Certification										
This application, which includes the Airport Certification Manual or Airport Certification Specifications submitted as a part of the application is submitted in order to obtain an Airport Operating Certificate or Limited Airport Operating Certificate. I certify, under penalty of 18 U.S. Code, Section 1001 and other applicable provisions of law, that the statements and information in the application form and manual or specifications										
are complete and true to the best of my knowledge. Applicant Signature						Applicant Address/Number/Street or P.O.				
0										
Applicant Name (typed)					City					
Applicant Title			Date Submitted		State Zip Telepho (ephone No.)	one No.		
FAA USE ONLY										
Date Application Received					2. Date Proposed for Inspection					
3. Date inspection Completed					Signature			itle		
4. Recommended for Certificate Modification			Date		Signature			Т	itle	
Disapproval 5. Remarks										



PAPERWORK REDUCTION ACT STATEMENT: The information collected on this form is necessary to determine applicant eligibility for airport operating certificates. The FAA estimates that it will take 200 hours to complete this form and develop an Airport Certification Manual or Airport Certification Specifications that must accompany this form. This collection of information is mandatory under 14 CFR Part 139. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB Control Number. The control number for this collection of information is 2120-0063.

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